DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HEALTH AND RECOVERY SERVICES ADMINISTRATION Olympia, Washington

To: Resource Based Relative Value Memorandum No: 06-06

Scale (RBRVS) Users: **Issued:** February 23, 2006

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From: Douglas Porter, Assistant Secretary

Health and Recovery Services Administration (HRSA)

Subject: National Drug Code Required for Billing of Drugs Administered in the

Provider's Office

Effective for dates of service on and after May 1, 2006, all providers are required to use the 11-digit National Drug Code (NDC) when billing HRSA for drugs administered in the provider's office.

New Billing Requirements

Effective for dates of service on and after May 1, 2006, HRSA will require providers to include the 11-digit NDC for any covered drugs administered in their offices.

National Drug Code (NDC) Format

- The NDC is the 11-digit number the manufacturer or labeler assigns to a pharmaceutical product and attaches to the product container at the time of packaging.
 - ✓ The 11-digit NDC is ordered in a 5-4-2 grouping.
 - The first 5 digits comprise the labeler code assigned to the manufacturer by the Federal Drug Administration (FDA).
 - The second set of 4 digits is assigned by the manufacturer to describe the ingredients, dose form, and strength.
 - The last set of 2 digits describes the package size. [WAC 388-530-1050]
- The NDC *must* contain 11-digits in order to be recognized as a valid NDC. It is not uncommon for the label attached to a drug's vial to be missing "leading zeros."

For example: The label may list the NDC as 1234-567-89, when, in fact, the correct NDC is <u>0</u>1234-<u>0</u>567-89. Make sure that the NDC is listed as an 11-digit number, inserting any leading zeros missing from the 5-4-2 groupings, as necessary.

HRSA will deny claims for drugs billed without a valid 11-digit NDC.

Electronic 837-P Claim Form

The HIPAA-compliant electronic 837-P claim form has a field for reporting the 11-digit NDC of any drugs (including any contraceptive supplies with an 11-digit NDC such as an IUD) administered in the provider's office.

Providers must continue to identify the drug given by reporting the drug's CPT[™] or HCPCS code in the **PROFESSIONAL SERVICE Loop 2400, SV101-1 and the corresponding 11-digit NDC in DRUG IDENTIFICATION Loop 2410, LIN02 and LIN03.** In addition, the units reported in the "units" field in PROFESSIONAL SERVICE Loop 2400, SV103 and SV104 must continue to correspond to the description of the CPT or HCPCS code.

For example: If 2.4 mg of NovoSeven[®] is given, bill as follows (*not all required fields are represented in the example*):

Date of service	Procedure Code	Charges	Units	NDC
04/15/06	Q0187	\$3,034.08	2	00169706101

Note: If the 11-digit NDC is missing, incomplete, or invalid the claim line for the drug *will be denied*.

HCFA-1500 Claim Form Billing Requirements

If you bill using a **paper** HCFA-1500 claim form for **two or fewer drugs on one claim form**, you must list the 11-digit NDC in <u>field 19</u> of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. 00169706101 Line 2 / 00009737602 Line 3

Line	Date of Service	Procedure Code	Charges	Units
1	4/15/06	90782	10.00	2
2	4/15/06	Q0187	3,034.08	2
3	4/15/06	J1055	60.00	1

<u>DO NOT</u> attempt to list more than two (2) different NDCs in field 19 of the paper HCFA-1500 claim form. If you bill for more than two (2) different drugs requiring NDCs, you must list the additional drugs on separate claim forms.

If the 11-digit NDC is missing, incomplete, or invalid, the claim line for the drug *will be denied*.

Kidney Centers Only

Note: The electronic 837-I and paper UB-92 claim forms will only accept a *maximum of 25* lines of NDC numbers per claim form. If you are billing for 26 or more lines of drugs requiring different NDCs, you must use additional claim forms. *HRSA cannot accept or process claims with more than 25 lines of NDC numbers per claim.*

Electronic 837-I Claim Form Billing Requirements

If you are billing using an **electronic 837-I claim form** you must list the 11-digit NDC **in Loop 2410, Segment LIN03.**

UB-92 Claim Form Billing Requirements

If you are billing using a paper UB-92 claim form for *four (4) or fewer different drugs requiring NDCs*, you must list the 11-digit NDC(s) in **form locator 84 (Remarks)** exactly as shown in the example below.

Form Locator 84 (Remarks): NDC 55513014810 = lines 1-12
NDC 55513028310 = lines 13 and 16
NDC 55513038310 = lines 19-21
NDC 55513088810 = line 22

If you are billing for *more than four (4) different drugs requiring NDCs*, you must bill the additional NDCs/drugs on separate claim forms. You must not list more than four (4) NDCs per claim form.

Billing Using an Unlisted Drug Code

If a valid CPT[®] or HCPCS code does not exist that describes the drug administered in the provider's office, you may bill for the drug using J3490 or J9999.

Claims must include:

- The dosage of the drug given (list in the *Comments or Remarks* field); and
- The 11-digit NDC of the drug given.

Note: When billing using J3490 or J9999 the units field **must equal one** (1).

Charges exceeding \$1,100

Note: For procedures that are priced at acquisition cost (AC) in the fee schedule, a manufacturer's invoice showing actual acquisition cost must be attached to the claim form when billed charges exceed \$1,100 per line item (including bills using J3490 or J9999).

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at http://wamedweb.acs-inc.com.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.